

SOCIAL SECURITY CONSENT FORM

State Form #50824 (2-02) Approved by the State Board of Accounts 2002 INDIANA STATE TEACHERS' RETIREMENT FUND 150 West Market Street, Suite 300 Indianapolis, Indiana 46204-2809 Toll Free: (888) 286-3544 www.in.gov/trf

CONSENT FOR DISCLOSURE OF INFORMATION TO INDIANA STATE TEACHERS' RETIREMENT FUND

I,	, hereby authorize the Social Security		
Administration to release to the Indiana State Teachers' Retirement Fund (ISTRF) on an annual basis information documenting and/or confirming my eligibility or ineligibility to receive Social Security Disability Benefits. I do so with full knowledge that this information is confidential and as such protected from unauthorized disclosure by the Privacy Act, 5 U.S.C. 255a. It is also my understanding that any information provided shall be treated confidentially and be used solely to determine whether I am entitled to receive ongoing disability retirement benefit payments from ISTRF. Finally, I understand that this consent may be revoked at any time. Until such time as I do so revoke this consent in writing, however, this consent shall remain in full force and effect and the Social Security Administration may rely on this			
		consent to responding to request from ISTRF ea	•
		information to confirm my continued eligibility	to receive ISTRF benefits.
		Date	Member's Name (printed)
		24.0	(Pinned)
Member's ISTRF Number	Member's Signature		
	name of a signment		
Member's Social Security Number			
Member & Bookar Becarity Transpor			
	Member's Address		
	112011001 0 11001000		
To the Social Security Administration:			
10 410 200141 2004110 114111111111111111			
This information is being requested to assist in t	he administration of disability retirement benefits for the		
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	be held to be confidential and shall not be disclosed other		
	gram except by written request or consent of the above		
named individual.			
Date	Signature of ISTRF Representative		

Please forward the requested eligibility information to us at the above address. Thank you for assisting us in serving this individual.